

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee

Street Address

City, State and Zip Code

Evers for Assembly  
909 Silver Dr  
Holmen WI 54636

GAB ID Number: 105241

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**REPORT PERIOD**

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special ☐ Termination Report  
☒ July Continuing ☐ Pre-Election also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 1050.00	\$ 1050.00
1B. Contributions from Committees (Transfers-In)	\$ —	\$ —
1C. Other Income and Commercial Loans	\$ .13	\$ .13
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 1050.13	\$ 1050.13

**2. DISBURSEMENTS**

	Column A This Period	Column B Calendar Year-To-Date
2A. Gross Expenditures	\$ 9.00	\$ 9.00
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ —
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 9.00	\$ 9.00

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 0
Total Receipts	\$ 1050.13
Subtotal	\$ 1050.13
Total Disbursements	\$ 9.00
<b>CASH BALANCE END OF REPORT</b>	\$ 1041.13
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ —
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ —

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Date:

LINDA M. EVERS

*Linda M. Evers*

Daytime Phone: 608-526-4647

**NOTE:** The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.  
GAB-2S (Rev. 12/09)

Form prescribed by the Government Accountability  
608-266-8005



0105241-99

## Contributions (Including Loans) From Individuals

Complete Committee Name

Evers for Assembly

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation, Name and Address of Principal Place of Employment (if year-to-date total exceeds \$100)	Amount of Contribution	Y-T-D Total
3/24/12	Bruce F. Evers Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#	Financial Advisor 909 Silver Dr Holmen, WI 54636	100. <sup>00</sup>	100. <sup>00</sup>
5/23/12	Mark G. Bung Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#		50.00	50.00
5/24/12	Bruce F. Evers Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#	Financial Advisor 909 Silver Dr Holmen, WI 54636	400.00	<del>500.00</del>
5/24/12	Lynda M. Evers Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#	Manager, UHC 909 Silver Dr Holmen, WI 54636	500.00	500.00
6/30/12	Republican Party of Wisconsin Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#	148 E. Johnson St Madison, WI 53703	500.00	500.00
6/30/12	River Bank Interest Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#	Holmen, WI 54636	.13	.13

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$1550.13 1550.13

TOTAL ITEMIZED CONTRIBUTIONS

\$1550.13 1550.13

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$1550.13 1550.13

**SCHEDULE 2-A**
**DISBURSEMENTS**  
**Gross Expenditures**

 Page 3 of 3

Complete Committee Name

Evers Soc Assembly

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
3/31/12	River Bank Holmen, WI 54636 Check if: <input type="checkbox"/> In-Kind Offset	Service charge	3.00
4/30/12	River Bank Holmen, WI 54636 Check if: <input type="checkbox"/> In-Kind Offset	Service charge	3.00
5/31/12	River Bank Holmen, WI 54636 Check if: <input type="checkbox"/> In-Kind Offset	Service charge	3.00
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 9.00
TOTAL ITEMIZED EXPENDITURES			\$ 9.00
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$
TOTAL EXPENDITURES			\$ 9.00